

Special Attention of Physicians is Respectfully Invited to the Doctor's View, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1760

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday July 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

James Goodwin

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 68

Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation, Engineer

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, ~~5038~~ Elliott St lifetime

Place of Death, { Give Street and Number. } 3028 Elliott St

Paralysis Hemiplegia

Cause of Death, { First (Primary), Paralysis Hemiplegia
Second (Immediate), Erysipelas of Pharynx }

Duration of Last Sickness, Paralysis 2 years Erysipelas 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 30th 1887

E. Richard

M. D.

Medical Attendant.

{ Undertaker, Denny Mitchell }

{ Place of Business, 268 S. Broadway Address, 3830 O'Donnell St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1761

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1761 Office of Registrar of Vital Statistics.

Ward 20 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 27 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Decker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 4 Months, 25 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1366 N. Fremont St

Cause of Death, { First (Primary), Diphtheria
Second (Immediate), asphyxia }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, July 28, 1887

{ Undertaker, Bernhard Harle }

{ Place of Business, 115 West St. }

Chas E. Salter M. D.

Medical Attendant.

Address, 2100 Dundalk Ave

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[OVER.]

No. 1762

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1762 Office of Registrar of Vital Statistics. Ward 18¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C

Date of Death, July 27 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philomena Gottrude Schatzky

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 5 Months, 4 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, all my life

Place of Death, { Give Street and Number. } 1920 W Pratt St

Cause of Death, { First (Primary), Lethalova Impastrum
Second (Immediate), Spasms }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, July 28th 1887

Undertaker, John P. Paulus J. B. Hammer M. D.

Medical Attendant.

Place of Business, 2007 Fred. Ave. Address, 212 W. Pratt St

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[OVER.]

No. 1708

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1763 Office of Registrar of Vital Statistics. Ward 3.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. 21

Date of Death, July 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Browning.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 45 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Baltimore University Hospital 21st Street 2527 828

Cause of Death, { First (Primary), Mitral insufficiency. Second (Immediate), Asphyxia. }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Phila Rd, M. E. Amey

Date of Burial, July 28th 1887

Undertaker, Geo. Rinehart

Place of Business, Health Office

J. L. Henry

M. D.

Medical Attendant

Address, Baltimore University 21st Street 828

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 1764

Office of Registrar of Vital Statistics.

Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 26th 87
Mary West

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, — Years, — Months, — Days.

Color,

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number.

808 Pierce St

Cause of Death, { First (Primary),

Granilis

Second (Immediate),

Pregnant Birth

Duration of Last Sickness,

Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, July 27/87

John A. Stewart

M. D.

Undertaker, E. Brown

Place of Business, Health Office

Address, Carryover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

W. W. Roberts Inspector

[OVER.]

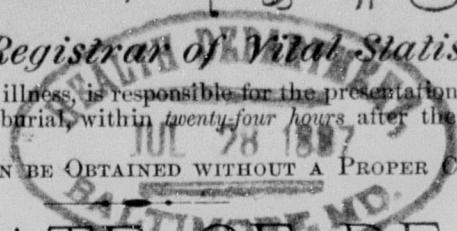
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1765 Office of Registrar of Vital Statistics. Ward 18²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

July 27th 1887
Mary, M. Rowe

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 70 Years, 2 Months, 14 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Alexandria Va

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, { Give Street and Number. }

Bayard Street # 1216

Cause of Death, { First (Primary),
Second (Immediate), }

Affection of the Heart-

Duration of Last Sickness,

Death Sudden

All the above information should be furnished by the Physician.

Place of Burial, Int Cboit

Date of Burial, July 29/87

{ Undertaker, Chas. J. L. L.

{ Place of Business, 715 Light Address,

L. G. Spangler M. D.

Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *1766*

Office of Registrar of Vital Statistics.

Ward *16th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 28 1884*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *John T. Turner*

Sex, Male or Female, { Cross out the word not required in this line. } *Male*

Age, *9* Years, *9* Months, *2* Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. } *Single*

Occupation, *None*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore Md.*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, { Give Street and Number. } *210 Leorway St*

Cause of Death, { First (Primary), Second (Immediate), } *Colerol Bronchitis*

Duration of Last Sickness, *12 days*

All the above information should be furnished by the Physician.

Place of Burial, *Calvert Co Md*

Date of Burial, *July 29th 1884* *J. K. Wiley* M. D.

{ Undertaker, *E. F. Transon* *J. K. Wiley* Medical Attendant.
Place of Business, *703 Hanover* Address, *405 Wiley* M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

51787 Transon

No. 1707

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1707 Office of Registrar of Vital Statistics. Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, July 27th '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank E. Holt

Sex, Male or Female, { Cross out the word not } required in this line.

Age, 4 Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 603 N. Central Ave.

Cause of Death, { First (Primary), Whooping cough
Second (Immediate), Convulsions }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Friday July 29

{ Undertaker, Henry Winterfield }

{ Place of Business,

B. Henry, M. D.

Medical Attendant.

Address, 1201 N. E. 12th St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 1101

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1718

Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

7

Months,

Days

19

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore and since birth

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

924 Franklin St

Cause of Death, { First (Primary),
Second (Immediate), }Hysteria
Exhaustion

Duration of Last Sickness,

of dys

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

H. Crockett

M. D.

Date of Burial, July 29th 1887

{ Undertaker, J. Lewis Schaefer }

Medical Attendant.

{ Place of Business, 316 W Franklin Address, F. W. Lombard }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. *1769*

Office of Registrar of Vital Statistics.

Ward *13²*

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 27th 1882

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rose Watts

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *3* Years,

Months,

5 Days.

Color, *col*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Life-time

Place of Death, { Give Street and Number. }

651 Raborg street

Cause of Death, { First (Primary), Second (Immediate), }

Pertussis

Pneumonia

Duration of Last Sickness,

Two weeks

All the above information should be furnished by the Physician.

Place of Burial, *New Cathedral*

Date of Burial, *July 28th 1882*

{ Undertaker, *Alex Hensley*

B. S. Zitcomb, M. D.

Medical Attendant.

{ Place of Business, *561 Orchard*

Address, *836 W. Baltimore St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]